U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - //// 9	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Dennis M Critelli	Name Billings Piping Industry JATC
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 30616
Street 308 Waterton Way	Street 317 Washington St.
City Billings	City Billings
State Montana ZIP Code + 4 59102	State Montana ZIP Code + 4 59107
5. Position in labor organization. Trustee of JATC and Exec	cutive Board Member
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	derived income or other economic benefit of
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name and address of Employer (including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Participation of the state of t	7.b. Amount.
Street	
City	
State ZiP Code + 4	

Sint	
15. Signature and verification. The undersigned declares, under penalty of	ring documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Dennis M. Crîtelli	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Billings Piping Industry JATC Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 30616 Street 317 Washington St. City Billings State Montana ZIPCode+4 59107	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Billings Piping Industry JATC Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 30616	Instructor training in Ann Arbor, MI August 7-14, 2004 Welder ATR requirements at Local 30 Training Center in Billings, MT May 28, 2004	
Street 317 Washington St.	11.b. Approximate dollar value of such dealing.	
City Billings	12.a. Nature of interest held or income received.	
State Montana ZIP Code + 4 59107	Reimbursement for car rental. Reimbursement for eye acuity examination.	
	12.b. Amount. \$508.35	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	